

FORM NO. 5.  
MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA.		6146	
Bureau of Vital Statistics			
State Board of Health			
(1) PLACE OF BIRTH County of <u>Charleston</u>			
Township of .....			
or Inc. Town of .....		Registration District No. <u>4A</u> Registered No. <u>320</u>	
or City of <u>Charleston</u> (No. <u>42</u> <u>Carolina</u> St.; ..... Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Henry Henry Hughes Jr.</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>
To be answered only in event of Twins or Triplets			(7) DATE OF BIRTH <u>Dec 21 1915</u> (Name of Month) (Day) (Year)
FATHER		MOTHER	
(8) FULL NAME <u>Henry H. Hughes</u>	(14) NAME BEFORE MARRIAGE <u>Frank V. Kennerly</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>		
(10) COLOR OR FACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>City</u>	(18) BIRTHPLACE <u>Spartanburg</u>		
(13) OCCUPATION <u>Clark</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>First</u>	(21) Number of children of this mother now living, including present birth <u>First</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(23) (Signature) <u>A. W. ...</u>		(25) Address of Physician or Midwife <u>105 ...</u>	
(24) State whether Physician or Midwife <u>Physician</u>			
Given name added from a supplemental report ..... 191...		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
..... Registrar		(27) Filed <u>3/14 1915</u> (28) <u>J. ...</u> Local Registrar	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. <u>✓</u>			
..... Registrar			
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..... Local Registrar			

McCaw.